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** FOREIGN APPLICATIONS ***** N/A-PES				
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Examiner's Signature <i>[Signature]</i> Initials PES		STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 30 INDEPENDENT CLAIMS 5
ADDRESS 41155				
TITLE Medical infusion pump with closed loop stroke feedback system and method				
FILING FEE RECEIVED 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	